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JUL 1 3 2006 -

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APPLICATION NO.	FILING DATE	FIRST NAMED I			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/709,248	10/709.248 04/23/2004		Huilong Zhu			FIS920040081US1	3247	
	TRUCTURE AND METHO	D OF MANUFAC		_	DEVICE HAVING ST	ACKED FINS		
APPLN. TYPÉ	SMALL ENTITY	ISSUE FEE		PU	IBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700	08/24/2006	
EXAMINER		ART UNIT		CL	ASS-SUBCLASS			
SUCH, MATTHEW W		2891			257-066000			
1. Change of correspondence CFR 1.363).  Change of correspondence CFR 1.365).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the page of page 1. For the line of the l							
Tree Address" indica PTO/SB/47; Rev 03-02 Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print o	or type)			
PLEASE NOTE: Unless	s an assignee is identified be	elow, no assignee	data will appe	ar on t	he patent. If an assign	ee is identified below, the o	document has been filed fo	
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  International Business Machines Corporation  Armonk, NY 10504								
Please check the appropriate	e assignee category or catego	ries (will not be pr	rinted on the pa	itent) :	☐ Individual Ѿ Co	orporation or other private gr	oup entity Governmen	
4a. The following fee(s) are    X   Issue Fee   X   Publication Fee (No s   Advance Order - # o	b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _09-0458 (enclose an extra copy of this form).							
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